

TITLE: CHILD WELFARE MANUAL
SECTION 3: DELIVERY OF SERVICES/INTACT FAMILIES
CHAPTER 5: WORKING WITH CONTRACTED TREATMENT PROVIDERS
ATTACHMENT A: CTS REFERRAL SUMMARY FORM, CS-13
EFFECTIVE DATE:
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To present an understanding of the family situation and treatment issues to be addressed, the information contained on this form will be provided to the Children's Treatment Services (CTS) provider prior to the service delivery. If services are sought on an emergency basis, the information shall be provided verbally, followed by a written referral within five (5) working days.

CHILDREN'S TREATMENT SERVICES (CTS) REFERRAL SUMMARY

Client Name: _____ DCN: _____

Provider: _____ Date: _____

C.S.W.: _____

Briefly Summarize the Following:

1. Relevant background information on this family.
2. History of Children's Division (CD) involvement.
3. Description of presenting problems.
4. Summary of treatment goals for this family.
5. Expected outcomes of CTS intervention.

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6. Plan for ongoing sharing of information and service coordination during the delivery process.

7. Additional comments as appropriate.

MEMORANDA HISTORY: